STATE OF MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY SOLID WASTE MANAGEMENT BRANCH P.O. BOX 10385

JACKSON, MISSISSIPPI 39289-0385 PHONE: (601) 961-5171 - FAX: (601) 961-5785

APPLICATION FOR CERTIFICATION OF A COMMERCIAL SOLID WASTE LANDFILL OPERATOR

Please provide information in typewritten form Applicant's Full Name:____ 1. Applicant's Address: Street or P.O. Box: City: State: Zip: Home Telephone: Current Employer:____ 2. Employer's Address: Telephone: Name of Landfill Facility (if applicable): 3. Address: Position Title: Facility Telephone: Date of Employment: 4. Name of Current Supervisor(s): Name _____ Address Telephone No.: Name: ____ Address ____ Telephone No.: Page 1

OPERATOR CERTIFICATION APPLICATION

Educa	tional Requirements
a.	Provide information on the written examination that you completed and passed. Such examination must be either developed, prepared, and given by the Mississippi Commission on Environmental Quality, or developed, prepared, and given by another organization and approved by the Commission?
	Yes: Name of Examination Location where Exam Given: Date of Examination:
	A copy of the certificate of graduation, letter, or other documentation should be attached as proof that examination was successfully completed.
b.	Have you graduated from an accredited high school or received an equivalent diploma (GED)?
	Yes: Name of High School
	Location: Year of Graduation:
	GED Location: Date of Test:
	No:
c.	Provide information on the years of college education that you have completed.
	Years completed: 0 years 6 months 1 year 2 years 8 years More than 4 years
	Name of college(s), university(s), or technical school(s) attended
	Date Attended: From To
	College Major:_Engineering Engineering Technology Mathematics Biology Chemistry Geology Physics Other (Please specify)
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	a. b.

OPERATOR CERTIFICATION APPLICATION Did you graduate? Yes _____ No____ Date of Graduation A copy of a diploma, transcript, or certified grades shall be attached as documentation, if the applicant intends to utilize educational years as credit towards experience requirements. **Experience Requirements** 6. How many total years of experience operating a landfill do you have? a. List the names of the landfills, the name of your supervisor, the years of experience at each site, and provide a brief narrative description of your duties and responsibilities at each site. Start with your present employment and provide the information in reverse chronological order (beginning with your current or most recent experience). Landfill Name: State Name of Supervisor: Years Experience Dates of employment to State Name of Supervisor: Years Experience Dates of employment to Landfill Name:_____ State _____ Name of Supervisor: Years Experience ______ Dates of employment _____ to ____ Page 3

OPERATOR CERTIFICATION APPLICATION Landfill Name:_____ City ____ _____ State _____ Name of Supervisor: Years Experience ______ Dates of employment ______ to _____ Landfill Name:______State______ Name of Supervisor: Years Experience ______ Dates of employment _____ to ____ Landfill Name: City _____ State ____ Name of Supervisor: Years Experience ____ Dates of employment _____ to ____ Landfill Name:_____State _____ Name of Supervisor: Years Experience ______ Dates of employment _____ to _____ *Attach additional sheet(s), if necessary to provide all information.*

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OPERATOR CERTIFICATION APPLICATION 7. Other Information Do you hold a current Operator Certification from other states? a. Yes ______ No _____ If yes, State of Issuance: Date of Certification: Date of Expiration: (Attach copy of certificate) Have you had a comparable or related certificate of competency revoked or suspended? b. Yes ______ No _____ If yes, explain: 8. I certify that the information provided in this renewal application is a true and correct representation of that which is requested. Signature of applicant Date